

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007232

STATE FILE NUMBER

AMENDED

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 16

FILED MAR 13 1962

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princeton</u>		c. CITY OR TOWN <u>Mt. Moriah</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Elmer</u> Middle <u>Ray</u> Last <u>Kinnison</u>		4. DATE OF DEATH Month <u>March</u> Day <u>2</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-14-94</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General farm</u>	
11. BIRTHPLACE (City and state or country) <u>Harrison Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Kinnison</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wright</u>	
14. NAME OF HUSBAND OR WIFE <u>Goldie Grace Kinnison</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W. W. I</u>	
16. SOCIAL SECURITY NO. <u>W. W. I</u>		17. INFORMANT <u>Grace Kinnison, Mt. Moriah, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatic Failure</u> DUE TO (b) <u>Metastatic carcinoma of pancreas</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>1 year</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Infected . . .</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Princeton, Mo.</u>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>December 8, 58</u> to <u>March 2, 1962</u> and last saw <u>her</u> <u>him</u> alive on <u>March 2, 1962</u> Death occurred at <u>9:00p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>Frank J. Ellis</u> (Degree or title) <u>M. D.</u>		22b. ADDRESS <u>Princeton, Mo.</u>	
22c. DATE SIGNED <u>3-5-62</u>		22d. LOCATION (City, town, or county) (State) <u>RFD Mill Grove, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-4-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hamilton Cemetery</u>	
24. FUNERAL DIRECTOR <u>E. J. Stoklasa, Cainsville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-5-62</u>	
26. REGISTRAR'S SIGNATURE <u>Steve M. M. M.</u>		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

MAR 14 1962

MAR 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Eddie J. Stoklasa Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.